State of New Hampshire INSURANCE DEPARTMENT

RSA 415-C Prepaid Legal Services REGISTRATION FORM

Registration is hereby made on behalf of the company/business entity herein named to transact business in New Hampshire.

1. The EXACT corporate name of the company/business entity is:			
2. 1	Incorporation/Formation Date:		
3. \$	State of Incorporation:		
4.]	FEIN:		
5.]	List any name under which you are doing business		
6.]	Its home of U.S. Branch office is at		
7.]	Its principal Mailing Address is		
8.	Telephone: Web Address:		
9. Designated/Responsible Individual:			
	Address:		
	Telephone: Email:		
10.	Please read the following very carefully and answer every questions.		
	a. Has the company/business entity, or any owner, partner, officer or director ever been convicted of, or is the company/business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes No		
	If yes, attach a written signed statement explaining the circumstances of each incident.		
	b. Has the company/business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No		
	If yes, attach a written signed statement explaining the circumstances of each incident.		
	 c. Has any demand been made or judgment rendered against the company/business entity or any owner, partner, officer or director for overdue monies, or have you ever been subject to a bankruptcy proceeding? Yes No 		

	If yes, attach a written signed statement explaining the circumstances of each incident.		
	d. Has the company/business entity notified by any jurisdiction of any delinque. Yes No	ty or any owner, partner, officer or director ever been nt tax obligation.	
	plaining the circumstances of each incident.		
	e. Has the company/business entity or any owner, partner, officer or director ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No		
	If yes, attach a written signed statement explaining the circumstances of each incident, including the court and docket number.		
	e undersigned owner, partner, officer or direction of perjury, that:	tor of the company/business entity hereby certifies,	
	a. All of the information submitted true and complete.	d in this registration form and attachments hereto are	
	b. The company/business entity or any owner, partner, officer or director agrees to all by the rules and regulations of the Department applicable thereto.		
Date: _			
		Signature	
		Typed or Printed Name	
		Title	

Filing Instructions: Submit one original and one copy of the registration form with attachments; one audited financial statement; one set of contracts/products to be offered for sale in the State of New Hampshire; and the initial registration fee of \$300.00 made payable to the State of New Hampshire to:

New Hampshire Insurance Department 56 Old Suncook Road Concord, New Hampshire 03301

The Insurance Department will return the copy of the registration form to the company/business entity date-stamped by the Department acknowledging receipt of the registration.

2003 Chapter Law 293 (HB 680) RSA 415-C may be found at www.state.nh.us

(RSA415-Cregistration)